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17858 US PTO
10/676782100103


UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonapplications under 37C.F.R. §1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 194]		a. <input type="checkbox"/> Computer Readable Copy (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies) ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3]		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed)		11. <input type="checkbox"/> English Translation Document (if applicable)
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
6.. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		13. <input checked="" type="checkbox"/> Preliminary Amendment
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
		17. <input type="checkbox"/> Other:

ACCOMPANYING APPLICATION PARTS

9.	<input type="checkbox"/> Assignment Papers (cover sheet & document(s))	<input checked="" type="checkbox"/> Power of Attorney
10.	<input type="checkbox"/> 37 CFR 3.73(b) Statement	<input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)
11.	<input type="checkbox"/> English Translation Document (if applicable)	
12.	<input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations
13.	<input checked="" type="checkbox"/> Preliminary Amendment	
14.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15.	<input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16.	<input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17.	<input type="checkbox"/> Other:	

19. **CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number	28523	or <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax
NAME (Print/type)	Robert T. Ronau	Registration No. (Attorney/Agent)
Signature	Robert T. Ronau	Date

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$750.00)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Other None
 Deposit Account: Order

 Deposit Account:Deposit Account Number
Deposit Account Name16-1445
Pfizer Inc

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	filing fee	

Subtotal (1) \$ 750

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	[2]	- 20 = [0] x [] = []	
Multiple Dependent	[2]	- 3 = [0] x [] = []	
		[] = []	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue independent claims over original patent

SUBTOTAL (2) (\$ 0.00)

*Reduced by Basic Filing Fee Paid

Subtotal (3) (\$)

(Complete if applicable)

Name (Printed/Type)	Robert T. Ronau	Registration No. (Attorney Agent)	36,257	Telephone	860-441-5910
Signature	Robert T. Ronau			Date	10/01/03

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